# ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP-307925

## SEPTIC IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM

PIN # 4646-05-3903 ✓

APPLICANT/OWNER: Dan Kunkleman / Kunkleman Associates | APPLICANT ADDRESS: P.O. Box 10 Cornelius, NC 28031

SITE ADDRESS: 307 Wood Duck Loop Mooresville, NC 28117 ✓ | PHONE: 704-617-0857 | ALT. PHONE —

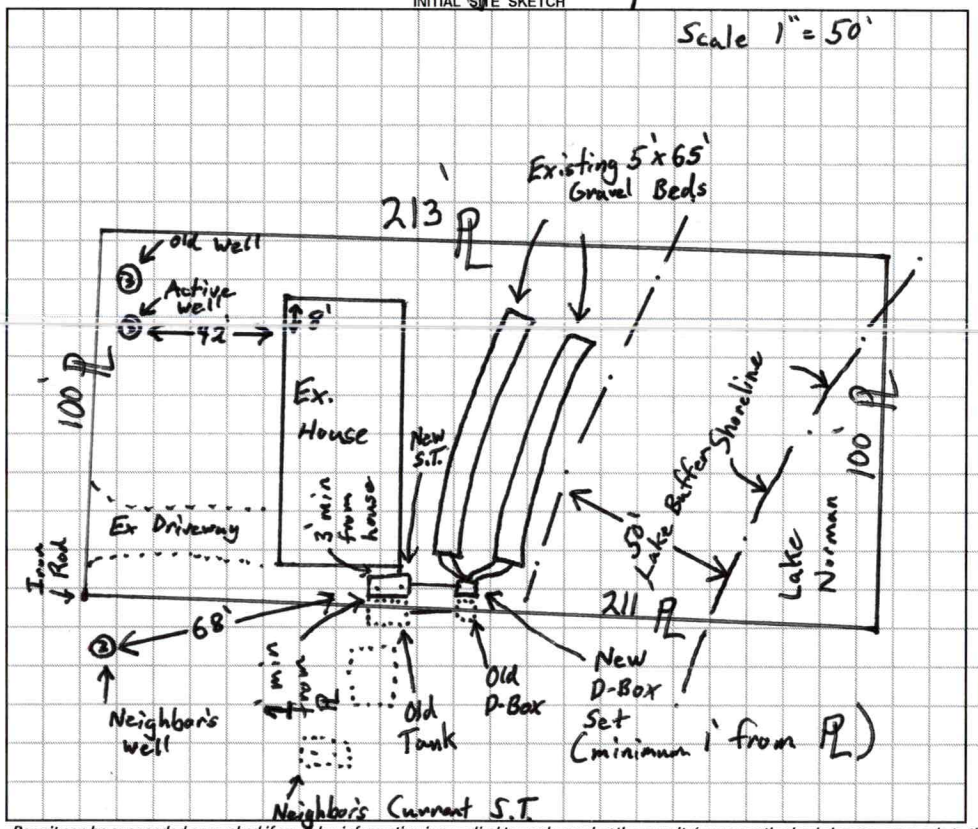
SITE DIRECTIONS: BSR → Canvasback → Wood Duck Loop → House on Right | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Crystal Bay ✓ | SECTION: — | LOT # 7 ✓ | LOT AREA: ≈0.48 acres | DESIGN FLOW: 360 GPD | L.T.A.R.: —

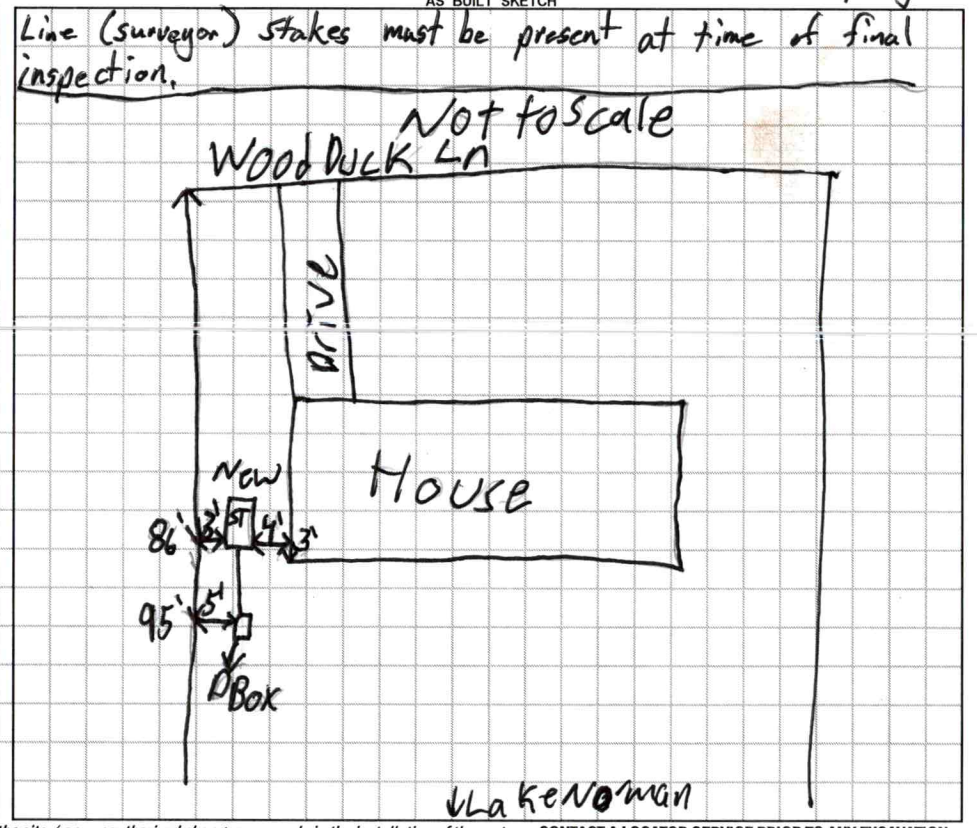
| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 (gal) | STB | Infiltrator ✓ | Date | Infiltrator | ☐ New System | ☒ Repair | ☐ Expansion | System Type: I (II) III IV V VI | ☒ Residence | No. Bedrooms 3 | Water Supply |
| Pump Tank | — (gal) | PT | — | Date | — | System Description: | Replace Septic tank as needed and | | | ☐ Business | No. Persons 6 | ☒ Private Existing |
| Pump Make | — | Model | — | Serial # | — | Repair System Description: | crush/abandon old tank. | | | ☐ Other | No. Employees | ☐ Public |
| # Nitrification Fields | Existing | # Lines | Existing | Linear Ft | Existing | Maintenance Agreement Required: | ☐ YES | ☒ NO | | ☐ Slab | ☒ Crawl Space | ☐ Community |
| Trench Width | Existing | Trench Bottom Depth(Low side) | Existing | Gravel Depth | Existing | | ☒ GRAVITY | ☐ PRESSURE | | ☐ Basement w/plumbing | ☐ Basement w/o plumbing | |

Comments / Conditions: Ensure forward flow through system. Replace any collapsed or clogged pipes as needed to ensure forward flow of wastewater to existing beds. Replace distribution Box with new box (using Speed Levelers/Dial-a-Flows) to ensure equal distribution between existing beds. New tank may be installed 3' from house foundation and 1' from PL. Property Line (surveyor) stakes must be present at time of final inspection.

INITIAL SITE SKETCH




AS BUILT SKETCH




*Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system.* **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Acceptance of Permit Recvd | Date: 6.9.2020 | Installed by: Autry Backhoe and Septic

IMPROVEMENT PERMIT by: Sam Shuck | Date: 6/9/2020 | OPERATION PERMIT by: Patrick J Bagley III | Date: 6/10/2020

AUTHORIZATION TO CONSTRUCT by: Sam Shuck | Date: 6/9/2020 | Existing System Inspected by: | Date:

**FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.**

**IREDELL COUNTY HEALTH DEPARTMENT**
JANE HINSON, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

# ACKNOWLEDGEMENT OF ACCEPTANCE OF PERMIT DESIGN AND CONDITIONS

Any permit requiring a signature must have this form signed by the property owner or their authorized agent. Once this form is signed and returned to Environmental Health an official copy of the permit will be emailed to the email that you provide.

KUNKLEMAN ASSOCIATES, LLC

I, DANIEL KUNKLEMAN, am the legal owner or the agent of the property located at 307 WOOD DUCK LOOP, identified as PIN(Parcel Identification Number) 4646-05-3903.000, located in Iredell County, North Carolina.
Permit #AP-307925 LOT 7 CRYSTAL BAY.

I do hereby agree to the permit design and the conditions of this permit.

Dan Kunkleman 6/9/20
Signature of Owner/Authorized Agent Date

Dan Kunkleman 6/9/20
Signature of Witness Date

DANKUNKLEMAN@MSN.COM
email

# APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

## Iredell County Health Department – Environmental Health Division

**PAGE 1: *APPLICATION FORM***

**Application For:** ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection (✓) Septic System Repair

***THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.***

**Page 2: *Site Plan Worksheet* form MUST accompany this application**

**The following optional attachments may also be submitted:** (X) Survey Plat, scaled no more than 1 inch = 60 feet
***Place an (X) beside whichever is submitted if applicable*** ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

**Applicant Information:** (PRINT CLEARLY)

**Applicant Name:** DAN KUNKLEMAN **Address:** PO BOX 10, CORNELIUS, NC **Zip:** 28031
**Applicant Email:** DANKUNKLEMAN@MSN.COM **Phone:** 704 617-0857 **Alt. Phone:**
**Owner Name:** KUNKLEMAN ASSOCIATES **Address:** PO BOX 10, CORNELIUS, NC **Zip:** 28031
**Owner Email:** Steve Autrey **Phone:** 704-778-5862 **Alt. Phone:**

**Property Information:**

**Street Address:** 307 WOOD DUCK LOOP, MOORESVILLE, NC 28117
**Subdivision Name:** CRYSTAL BAY **Section/Phase:** **Lot Number:** 7
**Driving Directions:** FROM BRAWLEY SCH. RD, L ON CANVASBACK, L. ON 2ND WOOD DUCK LP., HOUSE ON RT SIDE 2ND FROM END OF COVE.

**Site Development Information:** ***(check or complete ALL that apply***

**CHECK FOUNDATION TYPE**

( ) New Single Family Residence — Maximum Number of Bedrooms: — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: — ( ) Basement without Plumbing
(✓) Repair to failing septic system ✓ Tank ✓ Drain lines **Describe Problem:**
**Non-Residential Site Development:** **Type of Business:**
**Square Footage of Building:** **Max. Number of Employees:** **Max. Number of Seats/Beds/Other:**

**Water Supply:** ( ) Replacement Well – Reason:
( ) Multi-connection Well **Number of Houses:** **Number of Persons:**

( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

**Desired Septic System Type:** ***(you may rank in order of preference)*** **Year existing system installed:**
( ) No Preference ( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other:

**Please answer the following to the best of your ability:**

( ) Yes (X) No **Does the site contain any jurisdictional wetlands?**
( ) Yes (X) No **Is any non-domestic sewage (i.e. industrial) to be generated?**
( ) Yes (X) No **Is the site subject to approval by any other public agency?**

***I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.***

**Signature:** Dan Kunkleman — 5/28/20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

# IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

## DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

*(Check and sign only ONE of the options below)*

☒ 1. **• APPLICANT AND OWNER ARE THE SAME. •** (Sign here) Dan Kunkleman Kunkleman ASSOCIATES MEMBER

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative: *Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship*
In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:
Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form. If there are multiple property owners, then all property owners must sign the form that designates a legal representative.
**By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.**

☐ 2. I, DAN KUNKLEMAN, am the legal owner(s) of the property located at 307 WOOD DUCK LOOP, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Daniel Kunkleman 6/1/20

Signature of Owner(s) Date

**Mooresville - Environmental Health**
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

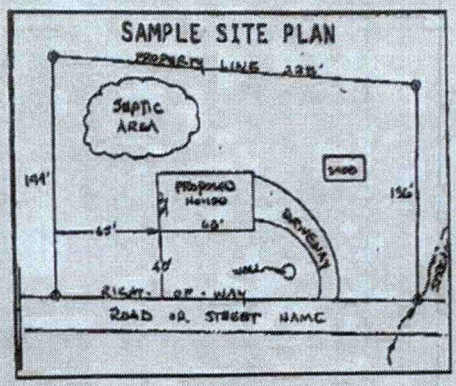
**Statesville - Environmental Health**
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

# IREDELL COUNTY HEALTH DEPARTMENT

## *ENVIRONMENTAL HEALTH DIVISION*

**PAGE 2: *SITE PLAN WORKSHEET***

***SEE THE "SAMPLE SITE PLAN" BELOW. INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!***




**Place an (X) beside each item as you complete the site plan:**

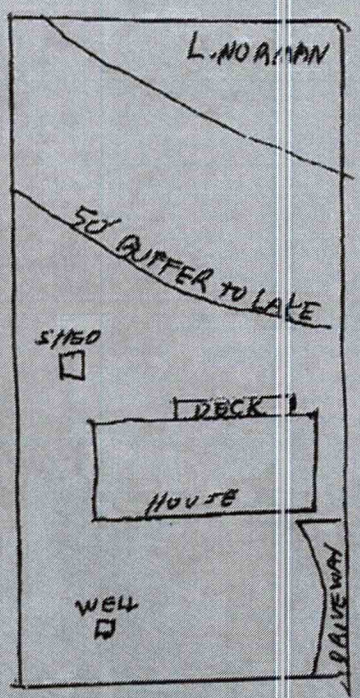
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

**Circle N/A on the following if appropriate:**

Location of septic systems and wells within 100' of your property N/A
Location of easements and rights of ways on your property N/A
Location of any designated wetlands on the property N/A

## USE THIS SPACE TO DRAW YOUR SITE PLAN

***Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site***




**Signature:** Daniel Kurfpleiss **6/1/20**

Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE